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AUG 15 2003

O I P E S C I O R

P A T E N T & T R A D E M A R K S E R V I C E

F E E D B A C K

Effective on 12/08/2004.

Fee Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
910.00

Complete if Known

Application Number	10/687,160
Filing Date	16 October 2003
First Named Inventor	J. Bryce Smith
Examiner Name	Sue A. Weaver
Art Unit	3727
Attorney Docket No.	49075.0003

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 08-2623 Deposit Account Name: Holland & Hart LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues) Small Entity Fee (\$): 50 Fee (\$): 25

Each independent claim over 3 (including Reissues) Small Entity Fee (\$): 200 Fee (\$): 100

Multiple dependent claims Small Entity Fee (\$): 360 Fee (\$): 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
42 - 20 or HP = 6	x 25	= 150.00		

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
11 - 3 or HP = 7	x 100.00	= 700.00		

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____ = _____		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

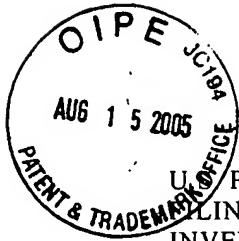
Other (e.g., late filing surcharge): 1 mo. extension of time fee Fees Paid (\$): 60.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 33,236	Telephone (801) 595-7830
Name (Print/Type)	L. Grant Foster		Date

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

U.S. PATENT APPLICATION NO. 10/687,160
FILING DATE 16 October 2003
INVENTOR J. Bryce Smith
ASSIGNEE Eastern Shores, Inc.
GROUP ART UNIT 3727
EXAMINER Sue A. Weaver
ATTORNEY'S DOCKET NO. 49075.0003
TITLE "Flight Bag Apparatus and Method"

TRANSMITTAL LETTER AND CERTIFICATE OF MAILING

To: Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

From: L. Grant Foster
HOLLAND & HART LLP
555 - 17th Street, Suite 3200
P.O. Box 8749
Denver, Colorado 80201
Telephone: (801) 595-7830
Facsimile: (801) 364-9124

Enclosed are the items listed below submitted regarding the matter identified above:

1. Transmittal Letter with Certificate of Mailing included
2. PTO Return Postcard Receipt
3. Amendment (including Six (6) Replacement Drawing Sheets, and one (1) New Drawing Sheet)
4. Supplemental Information Disclosure Statement
5. Form PTO/SB/08A
6. Petition for One-Month Extension of Time
7. Fee Transmittal
8. Check for \$910.00 (\$60.00 Extension of Time Fee, \$850.00 Extra Claims Fee)

Deposit Account Authorization - The Commissioner is hereby authorized to charge payment of any applicable fees to Deposit Account No. 08-2623.

Date: 12 AUGUST 2005

By: L. Grant Foster

L. Grant Foster

Reg. No. 33,236

CERTIFICATE OF MAILING

I hereby certify the items listed above as enclosed are being deposited with the U.S. Postal Service as either first class mail or Express Mail, if the blank for Express Mail No. is completed below, in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the below indicated date.

Express Mail No.

Date: 12 August 2005

Signature: Kathy Case

Name: Kathy Case